



Please type a plus sign (+) inside box → ☐

PTO/SB/122 (10-00)  
Applicable for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Assistant Commissioner for Patents Washington, D.C. 20231	<b>Application Number</b>	09/198,779
	<b>Filing Date</b>	11/24/98
	<b>First Named Inventor</b>	Stefan A. BLEDIG
	<b>Group Art Unit</b>	1643
	<b>Examiner Name</b>	To be assigned <i>Plunket</i>
	<b>Attorney Docket Number</b>	04983.0002US01/38-21(15077) <i>4/9/01</i>

RECEIVED  
APR 15 2001  
TECH CENTER 1600/2000

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 28381 → Place Customer  
Number Bar Code  
Label here

Type Customer Number here

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
Address					
City		State		ZIP	
Country					
Telephone			Fax		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the :

- ☐ Applicant.
- ☐ Assignee of record of the entire interest.  
Certificate under 37 CFR 3.73(b) is enclosed.
- ☒ Attorney or agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

RECEIVED  
APR -4 2001  
TC 1700 MAIL ROOM

Typed or Printed Name	David R. Marsh, Reg. No. 41,408
Signature	<i>David R. Marsh</i>
Date	<i>April 3, 01</i>
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below".	
<input type="checkbox"/> *Total of _____ forms are submitted.	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.